Completion of this section is MANDATORY before your child can start in the program

List any medical conditions/allergies/operations/hospitalizations

_____

_____

_____

Child's Doctor _____
Telephone # _____

Child's Dentist _____
Telephone # _____

Hospital Preference _____

Will your child need medication during the Camp Program on a regular basis?
☐ Yes ☐ No

The parent/guardian is responsible for submitting an Authorization of Medication for a Student at School form to the Site Coordinator at your child's site.

☐ I Give ☐ I Do Not Give (check one) the School Nurse permission to provide medical information to the Camp staff.

☐ I Give ☐ I Do Not Give (check one) permission for my child to be photographed at the program site. (e.g. by site staff for scrapbook, display or by program publications by journalists doing a report on school-age care programs)

☐ **Application**: I certify that all the information I have given on this application form is true and accurate. I understand that providing false and incomplete information will be cause for disenrollment from the program.

☐ **Withdrawal Policy**: I understand that if I choose to withdraw my child from the program that I must give a two weeks notice via in writing to the School Community Relations Office. Parents are responsible for all charges, even if child/children do not attend.

☐ **Transportation**: I acknowledge that my child/children will be transported via an Orange County Schools Activity Bus.

☐ **Late Pick UPs**: If I am late picking up my child/children, I must pay for the charge within the week it occurred.

☐ I acknowledge that I have read the Parent Handbook at: www.orangecountyfirst.com.

Forms of payment accepted: Checks and/or money order. If using the online payment center (K12OnlinePaymentCenter), parents can email the registration form and receipt of online payment to: ocs.schoolcare@orange.k12.nc.us.

Parent/Guardian Signature _____
Date _____

SUBMIT

Office Use

Date App Received: _____ Start Date: _____
Fee Paid: _____ Payment: _____
Payee: _____
Original to Sch: _____

Orange County Schools
NORTH CAROLINA

S.T.A.R.S

(SUMMER, TRANSITION, ACADEMIC, RESOURCE, SERVICES)

SUMMER CAMP

Orange County Schools
NORTH CAROLINA
920 Corporate Drive • Hillsborough, NC 27278
919-732-8126
www.orangecountyfirst.com

Orange Middle School

www.orangecountyfirst.com

ENGAGE • CHALLENGE • INSPIRE

ORANGE MIDDLE SCHOOL | ORANGE COUNTY SCHOOLS

S.T.A.R.S

(SUMMER, TRANSITION, ACADEMIC, RESOURCE, SERVICES)

SUMMER CAMP

Orange County Schools Summer S.T.A.R.S (Summer, Transition, Academic, Resource, Services) Camp offers a multi-faceted program for rising 5th - 9th grade students within the Orange County School District.

It is an optional six weeks program (depending on school calendar) organized around weekly themes with related hands-on, creative S.T.E.M and physical activities. Children are grouped by age with staff who assist them with age and developmentally appropriate activities.

The camp is designed to provide fun, enrichment and recreational activities in a caring environment. Students may participate in varied activities including arts/crafts, cooking, music/dance, cooperative games, computers, and recreational games.

An extensive field trip program is an important part of the **Summer S.T.A.R.S Camp**. Field trips may include visits to museums, the zoo, historical areas and parks. Guest entertainers and speakers are another popular, culturally enriching and vital part of the child's educational experience while attending camp.

Orange County Schools - School Community Relations Department

S.T.A.R.S Camp 2022

Monday, June 27, 2022 - Friday, August 5, 2022

Submit registration forms to: ocs.schoolcare@orange.k12.nc.us
and submit online payment to: k12paymentcenter.com
OCS School Community Relations Department
920 Corporate Drive, Hillsborough, NC 27278

Registration for S.T.A.R.S Camp begins on Friday, April 1, 2022 - until full (numbers are based on staffing availability).

Please complete the registration form and return to the School Community Relations office with payment. No child is registered until form and payment are received together.

For the safety of your child's personal belongings, no handheld electronics will be allowed. Program hours: 7:30 a.m. - 6:00 p.m. / Drop Off location at the cafeteria.

CHILD 1

Student Id# (PowerSchool): _____
Name: _____ Grade: _____
Date of Birth: _____
Will your child bring a bag lunch? ☐ Yes ☐ No
Participate in our feeding program? ☐ Yes ☐ No
T-shirt size: ☐ Youth Small ☐ Youth Medium ☐ Youth Large ☐ Youth X-Large
Gender: ☐ Female ☐ Male
Age: _____

CHILD 2

Student Id# (PowerSchool): _____
Name: _____ Grade: _____
Date of Birth: _____
Will your child bring a bag lunch? ☐ Yes ☐ No
Participate in our feeding program? ☐ Yes ☐ No
T-shirt size: ☐ Youth Small ☐ Youth Medium ☐ Youth Large ☐ Youth X-Large
Gender: ☐ Female ☐ Male
Age: _____

One Time Registration Fee: $30 (in addition to camp fees)

	1 Child	2 Children	Payment Deadline
☐ June 27- July 1, 2022:	☐ $165	☐ $305	June 10, 2022
☐ July 5- July 8, 2022:	☐ $132	☐ $245	June 10, 2022
☐ July 11-15, 2022:	☐ $165	☐ $305	July 1, 2022
☐ July 18-22, 2022:	☐ $165	☐ $305	July 1, 2022
☐ July 25 - 29, 2022:	☐ $165	☐ $305	July 15, 2022
☐ August 1-5, 2022:	☐ $165	☐ $305	July 15, 2022

($30 Registration/Camp Fee Combined) **TOTAL DUE:** _____

Parent Receives Subsidy ☐ Yes- have you contacted your case worker for approval? Case Worker Name: _____

Mother/Guardian _____ Cell # _____
Father/Guardian _____ Cell # _____
Mailing Address _____
City _____
Zip _____
Email Address _____

The School Community Relations Department reserves the right to make necessary changes as needed.
Orange County Schools/School Community Relations
919 732-4166 / Office Hours: 8:00 a.m. - 1:00 p.m.

Please complete

Is there a separation, divorce, or custody concern of which our staff should be aware of? ☐ Yes ☐ No

Is any person prohibited from picking up the child by a court order? If yes, attach a copy of the court order and an explanation.

Prohibited Person's Name _____
Relationship to Child _____

EMERGENCY CONTACT and PICK UP AUTHORIZATION: Person other than parents/guardians listed on front of the form.The following persons are authorized to pick up the child from the program and/or be reached during an emergency. In the event of early dismissal due to inclement weather or emergency conditions, I have arranged with these locally situated persons who fully accept the responsibility of picking up my child/children from the After School Program. If none, write "none" in the space below.

1st Pick Up Name _____ Relationship _____
Best Phone # _____

2nd Pick Up Name _____ Relationship _____
Best Phone # _____

3rd Pick Up Name _____ Relationship _____
Best Phone # _____

Medical/Developmental History/Use additional paper if necessary - The program agrees to provide transportation to an appropriate medical resource facility in the event of an emergency. In an emergency situation, other children in the facility will be supervised by a responsible adult. We will not administer any drug or medication without specific instructions from the physician or the child's parent or guardian. I agree that the after school provider may authorize the physician of his/her choice to provide emergency care if neither I nor the family physician can be contacted immediately.
☐ I Agree ☐ I Do Not Agree

List any physical handicaps, developmental delays and/or behavior/emotional special needs.

_____
_____
_____

Does the child have special staff assistance during the regular school day?
☐ Yes ☐ No

Please complete page 2 on back